Projects with Special Needs Certification

Project LITC #

The undersign	ned hereby acknowledges and	l certifies that:
(1)	the special needs units have credit application;	been marketed to the special needs population identified in the tax
(2)		have been reserved and rented, leased or pre-leased to the special dentified in the tax credit application; and
(3)	according to the terms and p substantive changes to the s please describe these change	nt of the project has been fully implemented and is operational plan submitted in the tax credit application. (If there has been any pecial needs plan submitted with the initial tax credit application, ses on an attachment. Note: Any substantive changes must have are they can be implemented.)
Housing and acknowledge through the conformation confernse to make and/or the uncallocation, and New Jersey.	nereto, to the best of my know Mortgage Finance Agency that the undersigned entity is completion of the Project, to contained herein. Under pena ace a false statement or misrep dersigned entity is subject to d disqualification from future	nereby represent and state that the foregoing information and any pledge, are true and complete. I acknowledge that the New Jersey is relying on the information contained herein and thereby under a continuing obligation, from the date of this Certification notify the Agency in writing of any changes to the answers or lty of perjury, I acknowledge that I am aware that it is a criminal resentation in this certification, and if I do so, I recognize that I am a criminal prosecution under the law, possible loss of tax credit aparticipation in the Low Income Housing Tax Credit Program in the m(s) 8609 will not be released until at least 20% of the project's on(s).
		Owner's / General Partner's signature
		Print name and title
		<u>ACKNOWLEDGMENT</u>
	(INDIVII	DUAL OR PARTNERSHIP FORM)
BE IT REMEMI thereupon he/she expressed.	BERED, that on who, I am acknowledged that he/she signed,	19, before me, the subscriber, personally appeared satisfied, is the person named in and who executed the within Instrument, and sealed and delivered the same as his/her act and deed, for the purposes therein
		Notary Public
		(CORPORATE FORM)
BE IT REMEM	BERED, that on	19, before me, the subscriber, personally
appeared	that he/she is the Secretary of	who, being by me duly sworn on the oath, deposes and makes proof to the Corporation named is the President of said Corporation; that the execution,
in the within Inst	rument; that	is the President of said Corporation; that the execution,
as well as the mac Corporation; that proper corporate	aking of this Instrument, has been t deponent well knows the corpora seal and was thereto affixed and sa	duly authorized by a proper resolution of the Board of Directors of the said ate seal of said Corporation; and that the seal affixed to said Instrument is the id Instrument signed and delivered by said President as and for the voluntary act

Notary Public

Certification

Pro	jec	t
LIT	'C	#

operational, having been fully implemente application. (If there have been any substant	ad certifies that the social service(s) for the project are fully ad according to the terms and plan submitted in the tax credit give changes to the social services plan submitted with the initial changes on an attachment. Note: any substantive changes must a be implemented.)
attachments thereto, to the best of my knowledge and Mortgage Finance Agency acknowledge that the undersigned entity is use through the completion of the Project, to rinformation contained herein. Under penalty offense to make a false statement or misrepresentation, and disqualification from future power and/or the undersigned entity is subject to allocation, and disqualification from future power persons. I understand that the IRS For	ereby represent and state that the foregoing information and any ledge, are true and complete. I acknowledge that the New Jersey is relying on the information contained herein and thereby under a continuing obligation, from the date of this Certification notify the Agency in writing of any changes to the answers or ty of perjury, I acknowledge that I am aware that it is a criminal esentation in this certification, and if I do so, I recognize that I am criminal prosecution under the law, possible loss of tax credit participation in the Low Income Housing Tax Credit Program in rm(s) 8609 will not be released until the Social Service model d by the Agency is fully implemented and operational.
	Owner's / General Partner's signature
	Print name and title
<u> </u>	ACKNOWLEDGMENT
(INDIVID	UAL OR PARTNERSHIP FORM)
BE IT REMEMBERED, that onappearedInstrument, and thereupon he/she acknowledged that purposes therein expressed.	, before me, the subscriber, personally who, I am satisfied, is the person named in and who executed the within he/she signed, sealed and delivered the same as his/her act and deed, for the
	Notary Public
	(CORPORATE FORM)
BE IT REMEMBERED, that on appeared my satisfaction, that he/she is the Secretary of	who, being by me duly sworn on the oath, deposes and makes proof to the Corporation named is the President of said Corporation; that the execution,
as well as the making of this Instrument, has been of Corporation; that deponent well knows the corporate	is the President of said Corporation; that the execution, luly authorized by a proper resolution of the Board of Directors of the said e seal of said Corporation; and that the seal affixed to said Instrument is the d Instrument signed and delivered by said President as and for the voluntary act

Notary Public

and deed of said Corporation, in the presence of deponent, who thereupon subscribed his/her name thereto as attesting witness.